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PUBLIC EVENT PERMIT APPLICATION
City of Somerville, Commonwealth of Massachusetts

Event name Save Our Homes Walk
Description A 5K walk to raise funds and awareness to prevent homelessness in Somerville
Location (attach a route if applicable) Starts and ends at SHS Atrium (please see attached map)
Date(s) MAY 18th, 2014 Rain date(s) N/A
Start time (include setup) 1:00 pm End time (include breakdown) 4:00 pm
Estimated maximum attendance at any one time 100
Attendee fees or suggested donations pledge walk, no fee
Will food be served? Y N If yes, describe water, oranges + granola bars for walk
Will alcohol be served? Y N If yes, describe _____
Will a grill/open-flame device be used? Y N If yes, describe _____
Will streets or sidewalks be blocked? Y N If yes, describe _____

Organization name Somerville Homeless Coalition
Mailing address (to mail the license) PO Box 440436, Somerville 02144
Contact person Mark Alston-Follansbee
Telephone (617) 623 6111 Email maf@shcinc.org

Have you made arrangements for:

Auxiliary Police? Yes No If yes, describe Auxiliary lead + follow walkers to insure safety
Police Detail? Yes No If yes, describe _____
Parking (for Attendees)? Yes No If yes, describe _____
Restrooms? Yes No If yes, describe _____
Liability Insurance? Yes No If yes, describe Add on to SHC policy

Note the following Conditions:

1. The event must not obstruct or inhibit the flow of vehicles or pedestrians except for road closures or detours permitted herein, or as directed by Police Officers or Auxiliary Police Officers.
2. All road closures or detours must be approved in advance by the Traffic and Parking Director, and must be implemented with traffic controls specified by the Traffic and Parking Department. Such controls, and any displays or items placed on any street, must be movable at all times. Vehicles must not be used as traffic controls. If the applicant requires the use of signage loaned by the Traffic and Parking Department, a security deposit must be paid to ensure that the signage is returned.
3. If the event is a road race, the applicant will provide race monitors where required by the Police. The applicant will not make permanent marks on the roadway or sidewalk using paint or other indelible materials. Use of chalk will be acceptable. The applicant will pay the cost of removing any indelible marks placed on the roadway or sidewalk.

4. If the event includes a musical performance, the performance will not occur before 9:00 AM or after 10:00 PM, nor at any time on Sunday, except as permitted, nor within 300 feet of any building from which an occupant asks that the performance desist.
5. Any fees charged by the city are the sole responsibility of the applicant and must be paid in full prior to the event.
6. This permit is valid only for the listed location and time, and is subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, these conditions, and any other conditions prescribed by the Board of Aldermen and/or stated in the Departmental approvals below.

The applicant hereby states that this is a true description of the event and acknowledges and agrees to adhere to the conditions described above and in the Departmental approvals below.

Applicant signature M. A. S. D. [Signature] Date 2/24/14
 Print name Mark A. S. D. [Signature] Phone 617 623 6111 Email maf@chcinc.org
 Event name (taken from page 1) Save our Homes Walk

Obtain the signatures below before submitting this form to the City Clerk for consideration by the Board of Aldermen.

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>3/11/14</u> Signed: <u>[Signature]</u> Police Chief or Designee Added Conditions: _____ _____ _____	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>2-25-14</u> Signed: <u>[Signature]</u> Chief Fire Engineer or Designee Added Conditions: _____ _____ _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Signed: _____ Traffic and Parking Director or Designee Added Conditions: _____ _____ _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Signed: _____ DPW Commissioner or Designee Added Conditions: _____ _____ _____

Obtain the signature below if the applicant will be providing food to attendees. Not needed for block parties.

Approved Denied Date _____
 Signed: _____
 Health Inspector or Designee
 Added Conditions: _____

- Once signed, the Department should: Any of below
- Contact the applicant at the phone number/email address above to arrange for pick-up.
 - Fax the application (no cover page) to the following fax number: (617) 776-7165
 - Fax the application to the City Clerk at 617 625-4239.

4. If the event includes a musical performance, the performance will not occur before 9:00 AM or after 10:00 PM, nor at any time on Sunday, except as permitted, nor within 300 feet of any building from which an occupant asks that the performance desist.
5. Any fees charged by the city are the sole responsibility of the applicant and must be paid in full prior to the event.
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The applicant hereby states that this is a true description of the event and acknowledges and agrees to adhere to the conditions described above and in the Departmental approvals below.

Applicant signature Mark Atkinson Date 2/24/14
 Print name Mark Atkinson Phone 617 623 6111 Email maf@shcinc.org
 Event name (taken from page 1) Save our Homes Walk

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<u> </u> Approved <u> </u> Denied Date <u> </u> Signed: _____ Police Chief or Designee Added Conditions: _____ _____ _____	<u> </u> Approved <u> </u> Denied Date <u> </u> Signed: _____ Chief Fire Engineer or Designee Added Conditions: _____ _____ _____
<input checked="" type="checkbox"/> Approved <u> </u> Denied Date <u>2/25/14</u> Signed: _____ Traffic and Parking Director or Designee Added Conditions: _____ _____ _____	<u> </u> Approved <u> </u> Denied Date <u> </u> Signed: _____ DPW Commissioner or Designee Added Conditions: _____ _____ _____

Obtain the signature below if the applicant will be providing food to attendees. Not needed for block parties.

<u> </u> Approved <u> </u> Denied Date <u> </u> Signed: _____ Health Inspector or Designee Added Conditions: _____ _____ _____
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The applicant hereby states that this is a true description of the event and acknowledges and agrees to adhere to the conditions described above and in the Departmental approvals below.

Applicant signature Mark Akhavan Date 2/24/14
 Print name Mark Akhavan Phone 617 623 6111 Email maf@shcinc.org
 Event name (taken from page 1) Save our Homes Walk

Obtain the signatures below before submitting this form to the City Clerk for consideration by the Board of Aldermen.

<p>Approved _____ Denied _____ Date _____ Signed: _____ Police Chief or Designee Added Conditions: _____</p>	<p>Approved _____ Denied _____ Date _____ Signed: _____ Chief Fire Engineer or Designee Added Conditions: _____</p>
<p>Approved _____ Denied _____ Date _____ Signed: _____ Traffic and Parking Director or Designee Added Conditions: _____</p>	<p>Approved _____ Denied _____ Date <u>2-27-14</u> Signed: _____ DPW Commissioner or Designee Added Conditions: _____</p>

Obtain the signature below if the applicant will be providing food to attendees. Not needed for block parties.

<p>Approved _____ Denied _____ Date _____ Signed: _____ Health Inspector or Designee Added Conditions: _____</p>

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Fax the application (no cover page) to the following fax number (617) 776-7165

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The applicant hereby states that this is a true description of the event and acknowledges and agrees to adhere to the conditions described above and in the Departmental approvals below.

Applicant signature Mark A. F. Follis Date 2/24/14
 Print name Mark A. Follis Phone 617 623 6111 Email maf@shcinc.org
 Event name (taken from page 1) Save our Homes Walk

Obtain the signatures below before submitting this form to the City Clerk for consideration by the Board of Aldermen.

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Obtain the signature below if the applicant will be providing food to attendees. Not needed for block parties.

Approved Denied Date 2/27/14
 Signed: _____
 Health Inspector or Designee
 Added Conditions: Apply for a temporary food permit.

Once signed, the Department should: Any of below

- Contact the applicant at the phone number/email address above to arrange for pick-up.
- Fax the application (no cover page) to the following fax number (617) 776-7165
- Fax the application to the City Clerk at 617 625-4239.